

KING COUNTY ALCOHOLISM AND SUBSTANCE ABUSE
ADMINISTRATIVE BOARD AND MENTAL HEALTH ADVISORY BOARD

JOINT BOARD MEETING

THURSDAY, MARCH 8, 2001

KCASAAB Members Present: Linda Brown (awaiting Council confirmation), Joan Clement, Nancy Code, Jim Harbaugh, Joyce Proudlock, Bob Seidensticker, Yasmin Smith, Keith Williams

KCASAAB Members Absent: Vicki James (excused)

MHAB Members Present: Jack Fuller, Howard Miller, Willair St. Vil

Staff Attending: Joanne Asaba, Cindy Bergh, Sherry Hamilton, Stephanie Lane, Jackie Maclean, Geoff Miller, Rhoda Naguit, Jodi Riley-Kauer, Jean Robertson, Patrick Vanzo

Guests Present: Farrell Adrian, Eleanor Owen, WAMI; Gloria Albetta, Evergreen Treatment Services; Harvey Funai, State Division of Alcohol and Substance Abuse; Gerry Coughlin, Tammy Rappuhn, Alcohol-Drug Helpline; Pat Knox, Recovery Centers of King County, Hula Mahe, Health 'N Action Youth Group

The joint meeting of the King County Alcoholism and Substance Abuse Administrative Board (KCASAAB) and Mental Health Advisory Board (MHAB) was convened at the Conference Room of the Dutch Shisler Sobering Center, 1930 Boren Avenue in Seattle. Chair Jim Harbaugh called the meeting to order at 12:05 p.m., followed by introductions of all members and guests.

I. MINUTES

Joyce made a motion and seconded by Nancy to approve the January 11, 2001 and February 8, 2001 meeting minutes as submitted. The motion was passed and the minutes of January 11, 2001 and February 8, 2001 were approved unanimously.

II. CHAIRMAN'S REPORT

A. Human Services Day Report

Hundreds of representatives from various service agencies, non-profits, and organizations converged in Olympia for *Human Services Day 2001* on Monday, February 19, 2001. King County Alcoholism and Substance Abuse Administrative Board Chair Jim Harbaugh and his counterpart Willair St. Vil of Mental Health Advisory Board participated in this event. They met with scores of legislators asking them to take into account the needs of individuals with mental illness and/or substance abuse as they

deliberate the 2001-2003 budget. The legislators delivered one unified message – not enough revenue.

A follow up letter will be sent to the legislators to express appreciation for their time.

B. Legislative Update

Chairman Harbaugh talked about HB 2003, which provides treatment, rather than incarceration, for low-level drug offenders. He said that King County Prosecuting Attorney Norm Maleng supports this bill. This bill has an appropriation of over two million for Fiscal Year June 30, 2003, from the general fund to criminal justice treatment account.

Sherry gave a brief report on the status of pending mental health bills.

- **HB 1390/SB 5423:** “Ticket to Work,” which allows Medicaid recipients to return to work while maintaining Medicaid benefits for a defined period. This bill has been moved to Developmental Disabilities.
- **HB 1080/SB 5211:** This legislation is still alive and has been referred to the Department of Health for review under the mandated health benefits review process set forth in statute.
- **SB 5544:** Requires County Designated Mental Health Professionals to investigate youth who commit violent acts while at school.
- **HB 1703:** Addresses fair pricing for prescriptions.
- **HB 1650/SB 5583:** Implements JLARC recommendations. King County is bound to lose \$12M if the re-distribution of mental health funding is implemented. King County Executive Ron Sims testified in support for King County Mental Health.
- **HB 1318:** This piece of legislation liberalizes mental health involuntary treatment procedures. The bill appears to be dead.
- **HB 1703/SB 5877:** Modifies standards for mental health counselors by eliminating registered counselors and requiring licensed counselors.
- **HB 1629/SB 5522:** Creates an Ombudsman position at Mental Health Department.

Patrick Vanzo has been tracking bills related to alcohol and substance abuse. He gave a brief status report on the following key bills:

- **HB 1863/SB 2003:** Both divert certain individuals who commit gross misdemeanors to treatment in lieu of incarceration.
- **HB 1292/SB 5051:** Expands access to CD involuntary treatment by establishing an additional treatment site in Eastern Washington and through adding criteria for grave disability. This will pass both House and Senate because no new appropriation is needed.

- **HB 1242:** This bill requires State DASA to recognize faith based organizations and contract with them to give them equal play field with other service providers.
- **SB 5417:** Transfers responsibility for licensing opiate substitution treatment programs from counties to the state, and removes current license cap of 350 service recipients per year per license. The bill was favorably received in the Senate and is likely to pass.
- **SB 5419:** Pertains to community treatment for certain levels of drug offenders in lieu of incarceration in prison.
- **SB 5418:** Dubbed as “Treatment on Demand”, this legislation provides treatment for individuals with incomes at or below 200% of the federal poverty level. This will cost approximately \$160M for this biennium and about \$300M for the 2003-2005 biennium. There was an excellent discussion on this bill. Senator Long gave a passionate speech in support of this bill.
- **HB 1337/SB 5468:** To ensure that successful treatment options to reduce recidivism are available to eligible youth, pursuant to RCW 70.96A.520. This bill is likely to pass.

C. Integrated Systems Report

Handouts were distributed, which include SIAC 2001 Work Plan and briefing papers on Mental Health Detox Enhancement and Co-Occurring Disorders Program at CHAT.

- **Systems Integration Advisory Council (SIAC):** Patrick briefly described the composition of the council. Joan Clement is the current chair of SIAC. He then briefly discussed SIAC’s top four priorities for 2001: (1) Understanding of the business of each component of this new Division, e.g. contracting process (2) Data integration – integrate 24-hour crisis lines in one single system, (3) Co-location of MH/CD Involuntary Treatment for a single, unified system, (4) Host an annual joint educational forum for King County stakeholders. It will be an afternoon of training on co-occurring disorders followed by MH/CD Exemplary Services Awards ceremony at late afternoon.

The next SIAC meeting is on April 11th from 8:00 to 9:30 in the morning at Antioch University. The meeting will focus on Target data.

- **Mental Health Detox Enhancement:** Jean Robertson introduced herself before briefing the joint board on mental health detox enhancement.

Jean explained the background of the development of a system of care that is more responsive to a wider variety of needs. Based on data gathered by UBH, as many as 4% or approximately 150 adult inpatient admissions might have been diverted had mental health services at Detox been available. On January 1, 2000, the division entered into a contract with Recovery Centers of King County to provide mental

health services at their facility. This enhancement includes a 1.5 FTE dually certified professional, who will provide assessment, counseling, and case management for clients with both mental health and chemical dependency problems, and cross training for detox staff to enhance their knowledge and skills in providing services to this population. The contract also includes funding for capital costs for building a security room in the facility as well as a guaranteed “mental health bed.” In June, funding for an interim care bed was added for persons in need of further stabilization or awaiting placement in a treatment program. The two populations targeted for these services are individuals experiencing suicidal ideation, and those recognized with mental health diagnosis or symptoms.

She shared a summary data of the activity of the program for the first year of the contract. She stated that the detox enhancement project has provided services that are more appropriate and effective to a high-need population.

- **Mental Health/Chemical Dependency/CHAT:** Jodi Riley-Kauer, the new Administrator of Cedar Hills Addiction Treatment facility, briefed the joint board meeting about the co-occurring disorders program at CHAT. She said that CHAT is a work of art in process. She gave a brief description of the facility, then explained the co-occurring disorders program being developed at CHAT.

Jodi also shared the screening process of clients at CHAT. Clients screened in are those who can benefit from the program offered. Screened out are those who would be unlikely to succeed in the program. CHAT facility could only accommodate clients with mild to moderate mental illness who are stable on appropriate medications. It does not have sufficient staffing to provide service to persons with significant, unstable psychiatric symptoms. Admitting this type of individuals will cause increased risk of suicide, acute inpatient hospitalization, and the patient aborting treatment. It was found out that there are many more people with mental health who are admitted to CHAT than are initially identified in the process, which resulted to as many as 70% of the patient population being on psychotropic medications. CHAT management is working in improving screening process and providing education to their referral sources to help minimize the burden on ARNP.

Patients who are admitted at CHAT with co-occurring disorders are readily assigned to a dually certified counselor, who is supervised by a person who has advanced credentials in dual diagnosis treatment. In addition, patients have access to a full time psychiatric ARNP and a psychiatrist who is on site for half day per week.

Currently, the Seattle-King County Department of Public Health is paying for the prescribed medications. Jodi suggested looking into future funding for medication prescription.

Case management is provided to clients in the co-occurring disorders program within seven days of admission. It includes treatment plans developed by the counselor with input from the patient and the ARNP, discharge planning, e.g. coordinating with outpatient CD/MH providers, finding housing, and securing funding.

Other aspects of the program for future implementation include specialized lectures and videos addressing MH/CD issues, modified AA and NA meetings.

D. Mental Health Update

Due to time constraint, Jackie handed out copies of the King County Position on DSHS Proposed Mental Health Funding Reduction and the King County Regional Support Network Data Non-Medicaid Information, which are self-explanatory.

E. Chemical Dependency Update

Handouts distributed were Monthly Utilization Report, a list of DASA-sponsored co-occurring trainings, and list of recipients of DASA's Outstanding Achievement Awards.


Geoff briefly explained the monthly utilization report. He stated that detox is expected to increase in performance during the months of February to April. Four additional acute detox beds and five interim service beds have been added to detox since February 1st. The utilization of ESP van is increasing in both contracts and transports. The sobering center bed day utilization continues an increase starting last July. The King County Assessment Center's outstation efforts have paid off. There is a significant increase in the utilization of Title XIX and TANF assessment as a result of the outreach efforts at the CSOs for TANF clients. The February CHAT bed day utilization report shows a continued increase in the number of intensive inpatient bed days at CHAT. The Co-occurring add-on at CHAT shows increase in bed day utilization. KCAC is working with CHAT to utilize all the contracted bed days at CHAT and maximize bed utilization at all residential providers in King County.

There being no further business, the meeting was adjourned at 1:30 p.m.

Prepared by:

Attested by:

Rhoda A. Naguit
Recording Secretary


Jim Harbaugh
Board Chairman